


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000033271 1. Entity Name BEACON TITLE INSURANCE LLC.	
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Principal Place of Business 2626 5TH AVENUE NORTH ST. PETERSBURG, FL 33713	Mailing Address 2626 5TH AVENUE NORTH ST. PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE



02112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2626389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, SCOTT L
12441 ADVENTURE DR.
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURRY, CHERYL E 927 13TH AVENUE NORTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, SCOTT L 12441 ADVENTURE DR. RIVERVIEW, FL 33569
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *Cheryl E Curry* **03-15-07** **727-322-5977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CHERYL E. CURRY